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## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) 591 REDWOOD HWY., #4000 ADDRESS (number and street) Check if different than previously MILL VALLEY CA 94941 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE A CITY A IS THIS **AMENDED** NEW C00384362 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2006 02 28 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JASON D. KAUNE Type or Print Name of Treasurer JASON D. KAUNE Electronically Filed by 03 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) D " D 0 2 0 1 2006 0.2 28 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 225102.30 January 1 (b) Cash on Hand at 223962.89 Begining of Reporting Period ..... 34627.38 60137.97 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 258590.27 285240.27 6(a) and 6(c) for Column B) ..... 29600.00 56250.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 228990.27 228990.27 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 02 2004 CA This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

0 1 м м 0 2 0 2 M 2006 28 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 20535.72 28630.12 (i) Itemized (use Schedule A) .......... 14021.57 31361.95 (ii) Unitemized ..... (iii) TOTAL (add 34557.29 59992.07 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 34557.29 59992.07 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 70.09 145.90 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 34627.38 60137.97 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 34627.38 60137.97 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	2.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
2	Contributions to	0.00	0.00
	Contributions to Federal Candidates/Committeesand Other Political Committees	23500.00	39000.00
24.	Independent Expenditure	0.00	0.00
25	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	6100.00	17250.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29600.00	56250.00
2.	Total Federal Disbursements		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)	29600.00	56250.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34557.29	59992.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34557.29	59992.07
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 49			
ITEMIZED RECEIPTS	or each category of the	(check only one)			
TEMIZED RESENTS	Detailed Summary Page	X 11a 11b 11c 12			
A selection of the selection of Objects		13 14 15 16 17			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or used by any persor e and address of any political committee to s	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
MEDCO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMMITTEE (a k a	Medco Health PAC)			
/ 1112303 112/112/11/0020110/10/11/01/1/02/	110,12,10,110,110,110,1111,112 (a.i.i.a.	medee Health Frey			
Full Name (Last, First, Middle Initial)					
MR MICHAEL BARONE		Date of Receipt			
Mailing Address 452 MEDWAY RD		0 2 0 4 2 0 0 6			
City	State Zip Code				
HIGHLAND HEIGHTS	OH 44143	Transaction ID: INC:A:21220			
	O11 44145	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
rederal political committee.					
MEDOO HE'ALTH SOLLITIONS	Occupation				
	BENERAL MGR				
	Aggregate Year-to-Date ▼				
Primary General	1000.00				
Other (specify)					
Full Name (Last, First, Middle Initial)		+			
3. MR PETER BEGANS		Date of Receipt			
Mailing Address 1605 CHARNITA CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: INC:A:21048			
VIENNA	VA 22182	Amount of Each Receipt this Period			
FEC ID number of contributing	C	100.00			
federal political committee.					
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	7			
MEDCO HEALTH SOLUTIONS	'P GOVERNMENT AFFAIRS				
	Aggregate Year-to-Date ▼				
Primary General	400.00				
☐ Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial)		+			
C. BRYAN BIRCH		Date of Receipt			
Mailing Address 4 WINDRUSH LANE		M M / D D / Y Y Y Y			
2		02 04 2006			
City	State Zip Code	Transaction ID: INC:A:21194			
WESTPORT	CT 06880	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	192.00			
rederal political committee.					
MEDOO HE'ALTH SOLLITIONS	Occupation	]			
	ROUP PRES SYSTEMED	_			
	Aggregate Year-to-Date ▼				
Primary General	768.00				
Other (specify)	, , , , , , , , , , , , , , , , , , , ,				
SUPTOTAL of Possints This Boss (antional)	-	542.00			
SUBTOTAL of Receipts This Page (optional)	·····				

~		]		FOR LINE NUMBER: PAGE 7 / 49
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	MEDGO HEALTH SOLUTIONS INC. PO	LITICAL A	CTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN			Date of Receipt
	Mailing Address 5259 FISHERCREST LN			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: INC:A:21148
	RICHMOND	VA	23231	Amount of Each Receipt this Period
	FEC ID asserbes of a satisfaction			
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORM	n MULARY CONSULTING	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		800.00	
				1
В.	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI			Date of Receipt
	Mailing Address 24 SHERI DRIVE			M M / D D / Y Y Y Y
				02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21111
	ALLENDALE	NJ	07401	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		52.50
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation		
			L MGR GROUP	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	
	Other (specify) ▼		210.00	
_	Full Name (Last, First, Middle Initial)			
C.	MS MARY DASCHNER			Date of Receipt
	Mailing Address 2926 EWING AVE S			02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:20992
	MINNEAPOLIS	MN	55416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	1	
	MEDGO HEALTH SOLUTIONS	GENERA	L MGR	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		769.20	
				1
_	UDTOTAL of December This December 19			444.80
S	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO	OLITICAL /	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Middle Initial)  MR PAUL DENIS  Mailing Address 101 HALIFAX ROAD  City  MAHWAH  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) MICHEL DUFRESNE	1	Zip Code 07430 n TRACT ADMINISTRATOR e Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8 FRANKLIN PL  City SUMMIT  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼	1	Zip Code 07901 n TECHNOLOGY e Year-to-Date ▼	M M O 2 O 4 P 2 0 0 6  Transaction ID: INC:A:21202  Amount of Each Receipt this Period  192.30
Full Name (Last, First, Middle Initial)  MS GEORGIA EDDLEMAN  Mailing Address 908 EDGEMEER LANE  City  SOUTHLAKE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General  Other (specify)	State TX  C Occupatio VP/GM	Zip Code 76092  n e Year-to-Date ▼ 275.60	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		·····	326.75
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FE	C Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/49
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from sor for commercial purposes, of	such Reports and Statements may other than using the name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE	(In Full)		
MEDCO HEALTH SO	LUTIONS INC. POLITICAL A	CTION COMMITTEE (a.k.a.	Medco Health PAC)
Full Name (Last, First, Mic A. DR ROBERT EPSTEIN	ddle Initial)		Date of Receipt
Mailing Address 75 TW	/EED BLVD		02 04 2006
City	State	Zip Code	Transaction ID: INC:A:20895
UPPER GRANDVIEW		10960	Amount of Each Receipt this Period
FEC ID number of contribet federal political committee			120.00
Name of Employer MEDCO HEALTH SOLU	TIONS Occupation SVP MED	DICAL AFFAIRS & CMO	
Receipt For:		Year-to-Date ▼	
Primary Ge Other (specify) ▼	eneral	480.00	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address 58 APPLE HILL DR			0 2
City	State	Zip Code	Transaction ID: INC:A:21029
GILLETTE	NJ	07933	Amount of Each Receipt this Period
FEC ID number of contribe federal political committee			192.23
Name of Employer MEDCO HEALTH SOLU	TIONS Occupation SVP COF	RP MKTG & E-COMM	
Receipt For:	00 0	Year-to-Date ▼	
Primary Ge Other (specify) ▼	eneral	768.92	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address 9 GRE	EN HILL TRAIL		0 2 0 4 2 0 0 6
City	State	Zip Code	Transaction ID: INC:A:21080
TROPHY CLUB	TX	76262	Amount of Each Receipt this Period
FEC ID number of contribe federal political committee			50.00
Name of Employer MEDCO HEALTH SOLU	TIONS Occupation VP/GM		
		Year-to-Date ▼	
Primary Ge Other (specify) ▼	eneral	400.00	
SUBTOTAL of Receipts Thi	s Page (optional)	<b>.</b>	362.23
<b>TOTAL</b> THE S. 1. 1. 4. 1.			
TOTAL This Period (last na	ne this line humber only)	<b>•</b>	

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S	CHEDULE A (FEC Form 3X)		Llan appareta aphadula(a)	FOR LINE NUMBER: PAGE 10 / 49
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee
<u>Ö.</u>	NAME OF COMMITTEE (In Full)	arro arro acc	noce of any political committee to	Concrete Contributions from Coord Contribution.
$  \rangle$	MEDCO HEALTH SOLUTIONS INC. PO		ACTION COMMITTEE (a.k.a.	Medco Health PAC)
	MEDOO HEALTH SOLOTIONS INC. I	JEI HOAL A	CHON COMMITTEE (a.K.a.	. Wedco Fleatiff Ao
	Full Name (Last, First, Middle Initial)			
A.	MS PAMELA GALASSINI			Date of Receipt
	Mailing Address 333 N. CANAL ST. #180	)4		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	Ctata	7in Cada	
	CHICAGO	State IL	Zip Code	Transaction ID: INC:A:21183
		-IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer MEDCO HEALTH SOLUTIONS	GENERA		
	Receipt For:	1 -	Year-to-Date ▼	7
	Primary General			1
	Other (specify)		400.00	
				-
В.	Full Name (Last, First, Middle Initial) MICHAEL GALVIN			Date of Receipt
	Mailing Address 4 LONE PINE LANE			M M / D D / Y Y Y Y
				02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21204
	WESTPORT	CT	06880	Amount of Each Receipt this Period
	FEC ID number of contributing	C		125.00
	federal political committee.			
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	1	7
	MEDCO HEALTH SOLUTIONS	SVP/CHI	EF INFRASTRUCTURE OFF	<u>-</u> 1
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	1		
	Full Name (Last, First, Middle Initial)			
C.	MR THOMAS GILSON			Date of Receipt
	Mailing Address 2 PELL FARM ROAD			02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21179
	SADDLE RIVER	NJ	07458	Amount of Each Receipt this Period
	FEC ID number of contributing	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS Occup			132.01
		GENERA		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		769.24	
			1 1 1 1 1 1 1	'
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	417.31
$\vdash$				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 11 / 49
	EMIZED RECEIPTS		or each category of the	(check only or	,     —	
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a	11b	11c   12
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Ar	ny information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose solicit contribution	e of solicit ons from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		7,			
$  \rangle$	MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a k a	Medco Healt	h PAC)	
	MEDGO HEALTH GOLO HOLO HO. 1 O		to Hort Goldman File (a.i.a.	. Wiodoo i loak	,	
_	Full Name (Last, First, Middle Initial)					
A.	MR RICHARD GUIOR			Date of Re	eceipt	
	Mailing Address 50 BELLEVUE AVE			0 2	0 4	2006
	City.	Ctoto	Zin Codo			
	CHAMAIT	State	Zip Code			C:A:20906
	SUMMIT	NJ	07901	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing	C				90.00
	federal political committee.				1 1	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	1	7		
	MEDCO HEALTH SOLUTIONS	VP ACCT	MGMT			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Primary General		360.00	1		
	Other (specify) ▼	0 0	360.00			
В.	Full Name (Last, First, Middle Initial) MR MARK HALLORAN			Date of Re	ooint	
Ь.						
	Mailing Address 19 KINGS RIDGE ROAD			02	0 4	2006
	City	State	Zip Code	Transaction	n ID: IN	
	LONG VALLEY	NJ	07853			ceipt this Period
	FEC ID number of contributing				1 1	<del> </del>
	federal political committee.	C				80.00
	Name of European	0 1'		_		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation				
	Pagaint For:		IFO OFFICER	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.		
	Other (specify)	' '	320.00			
		0 0	0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial)					
C.	MR PETER HARTY			Date of Re	eceipt	
	Mailing Address 19520 YELLOW WING (	COURT		0 2	0 4	2006
	City	State	Zip Code			C:A:20894
	COLORADO SPRINGS	CO	80908			ceipt this Period
		- 00	00300	Amount of	Each nec	ceipt this Feriod
	FEC ID number of contributing federal political committee.	C				160.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation				
		VP POLI		_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	· ·	640.00			
	Other (specify)					
_	UDTOTAL (D Till D			, ,		330.00
L	UBTOTAL of Receipts This Page (optional)		······			
1						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 49 (check only one)
IT	EMIZED RECEIPTS	or each category of the		
• •	THE MILE TO THE OF THE		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     1
Ar	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	,			
$\angle$	MEDCO HEALTH SOLUTIONS INC. PC	DLITICAL A	ACTION COMMITTEE (a.k.a.	Medco Health PAC)
A.	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK			Date of Receipt
	Mailing Address 49 S HILLSIDE AVE			02 04 2006
	Oib.	C1-1-	7:- C-d-	
	City	State	Zip Code	Transaction ID: INC:A:21086
	ELMSFORD	NY	10523	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n RVENTION DELIVERY SYS`	r
	- · · ·			<u> </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	220.00	
	Other (specify)	1	320.00	
				'
В.	Full Name (Last, First, Middle Initial) KENNETH KLEPPER			Date of Receipt
	Mailing Address 295 GLEN PLACE			M M / D D / Y Y Y Y
	Mailing Address 295 GLLN FLAGE			02 04 2006
	City	State	Zip Code	
	•		•	Transaction ID: INC:A:21193
	FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
	FEC ID number of contributing			100.20
	federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n	
	MEDCO HEALTH SOLUTIONS	EVP CHI	EF OPERATING OFFICER	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	7 igg. 0ga.c	Tour to Bate V	
		' '	769.20	
	☐ Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			
C.	MR JON KLINE			Date of Receipt
	Mailing Address 36 CORTLAND TL			M M / D D / Y Y Y Y
				02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21190
	MAHWAH	NJ	07430	Amount of Each Receipt this Period
	FFC ID number of contribution			
	FEC ID number of contributing federal political committee.	C		50.54
	Name of Employer Occ			
			n	
			PLANNING	
	Receipt For:	1	e Year-to-Date ▼	7
		Ayyı eyalt	, real to bate ¥	. [
	Primary General		202.16	
	Other (specify) ▼		202.10	
	-			
_	LIPTOTAL of Degains This Days (self-self)			322.84
L	UBTOTAL of Receipts This Page (optional)		······	
1	<del></del>			

## S

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 49
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	not be sold or used by any perso	n for the purpose of soliciting contributions	
or		solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)		OTION COMMITTEE ( )	
/	MEDCO HEALTH SOLUTIONS INC. PO	OLITICAL A	ACTION COMMITTEE (a.k.a.	. Medco Health PAC)
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	MS CYNTHIA LAUBACHER			Date of Receipt
	Mailing Address 7017 COBALT WAY			M M / D D / Y Y Y Y
	City	State	Zip Code	02 04 2006
	CITRUS HEIGHTS	CA	95621	Transaction ID: INC:A:21044  Amount of Each Receipt this Period
			33021	
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STA	TE GOVERNMENT AFFAIR:	5
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	400.00	
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial)			<u> </u>
В.				Date of Receipt
	Mailing Address 11825 SHEPPARDS CF	ROSSING		M M / D D / Y Y Y Y
				02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:20976
	CLARKSVILLE	MD	21029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA		
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		
	Other (specify)		769.20	
C.	Full Name (Last, First, Middle Initial) MR JEFFREY MAY			Date of Receipt
	Mailing Address 137 WASHINGTON AV	Έ		M M / D D / Y Y Y Y
	City	State	Zip Code	0 2 0 4 2 0 0 6  Transaction ID: INC:A:21134
	HILLSDALE  FEC ID number of contributing federal political committee.  Name of Employer MEDCO HEALTH SOLUTIONS  OCUMENT OF MEDICAL PROPERTY OF MED		07642	Amount of Each Receipt this Period
			0.012	
				192.30
			1	╡
			G DISTRIB & CONTROL	
			Year-to-Date ▼	
			769.20	
	Citiei (Specify)			
Г				
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	484.60
Г				
T	OTAL This Period (last page this line number of	nly)		

## S

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 49
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\angle$	MEDCO HEALTH SOLUTIONS INC. PO	DLITICAL A	CTION COMMITTEE (a.k.a	. Medco Health PAC)
A.	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH			Date of Receipt
	Mailing Address 87 ROSELAWN RD			02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21043
	HIGHLAND MILLS	NY	10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSE		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	464.00	
		0 0		
В.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA			Date of Receipt
	Mailing Address 112 GREEN TERRACE	WAY		02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21168
	WEST MILFORD	NJ	07480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUS	INESS OPS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		769.24	
	Cuter (speerly)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN			Date of Receipt
	Mailing Address 28 POWDERHORN DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:21135
	KINNELON	NJ	07405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHA	RMACEUTICAL CONTRAC	ETING
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	768.00	]
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			500.31
$\vdash$	19- ()		<b>_</b>	_

<u> </u>				FOR LINE NUMBER: PAGE 15 / 49
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PO	OLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE			Date of Receipt
	Mailing Address 875 ALEXANDRIA CT			02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21032
	RAMSEY	NJ	07446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	1	769.20	
				4
В.	Full Name (Last, First, Middle Initial) MR MARK PROULX			Date of Receipt
	Mailing Address 20 BRANDY RIDGE RC	)AD		M M / D D / Y Y Y Y
				02 04 2006
	City	State	Zip Code	Transaction ID: INC:A:21185
	SPARTA	NJ	07871	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n ARMACY & CUST SVC OPS	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify)		400.00	
		0 0	0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) MS JOANN REED			Date of Receipt
	Mailing Address 4 ANTLER CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:21115
	MATAWAN	NJ	07747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.38
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation		
	MEDICO HEALTH SOLUTIONS		ANCE & CHIEF FIN OFFCR	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	004.50	1
	Other (specify) ▼		261.52	
	-			
١	UBTOTAL of Receipts This Page (optional)			357.68
$\vdash$	ODITION TO CEIPLE THIS Tage (Optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 49 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a.k.a	Medco Health PAC)
۹.	Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS Mailing Address 412 RIVER MEWS LANE		7:n Code	Date of Receipt  0 2 0 4 2 0 0 6
	City EDGEWATER	State NJ	Zip Code 07020	Transaction ID: INC:A:21198  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07020	70.00
	Name of Employer MEDCO HEALTH SOLUTIONS  Receipt For:  Primary General Other (specify) ▼		n R TECHNOLOGY e Year-to-Date ▼ 280.00	
3.	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3103 RIO VISTA DRIVE			Date of Receipt    M
	City State Zip Code			Transaction ID: INC:A:21122
	MAHWAH	NJ	07430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & C	n ONTROLLER	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
).	Full Name (Last, First, Middle Initial) MS MARY RYAN			Date of Receipt
	Mailing Address 456 RICHMOND AVENU	E		02 04 7 2006
	City MAPLEWOOD	State NJ	Zip Code 07040	Transaction ID: INC:A:21114  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07040	78.34
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORI	n P REGULATORY AFFAIRS	_
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 313.36	
s	UBTOTAL of Receipts This Page (optional)			233.34
т.	OTAL This Period (last page this line number on	w)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17 / 49	
ITEMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b	11c	
				13 14	15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	MEDCO HEALTH SOLUTIONS INC. P	OLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)	
Α.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY			Date of Receipt	
	Mailing Address 119 HAMILTON RD			02 04	2006
	City	State	Zip Code	Transaction ID: IN	C:A:20954
	RIDGEWOOD	NJ	07450	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA	AL MGR		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
В.	Full Name (Last, First, Middle Initial) JEFFREY SIMEK			Date of Receipt	
	Mailing Address 197 OXFORD RD			02 04	2006
	City	State	Zip Code	Transaction ID: IN	C:A:21027
	CHESTER	NY	10918	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PUBL	n LIC AFFAIRS		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		769.24	]	
<u> </u>	Full Name (Last, First, Middle Initial) MR ROBERT SMITH			Date of Receipt	
٥.	Mailing Address 40 JOSHUA DR T			M M / D D	
	City	State	Zip Code	0 2 0 4 Transaction ID: IN	2006
	RAMSEY	NJ	07446	Amount of Each Red	
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	n		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify) ▼	0 0	400.00	1	
s	UBTOTAL of Receipts This Page (optional)				292.31
Т	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18 / 49	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	🗖
			Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
۸۰	y information copied from such Reports and Stat	omonto mov	, not be cold or used by any parag		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from su	ich committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PC	LITICAL A	ACTION COMMITTEE (a.k.a.	Medco Health PAC)	
_	Full Name (Last, First, Middle Initial)				
Α.	MR DAVID SNOW, JR			Date of Receipt	
	Mailing Address 23 CEDAR GATE ROAD	)		02 04	2006
	City	State	Zip Code	Transaction ID: INC	
	DARIEN	CT	06820	Amount of Each Reco	
	FEC ID number of contributing federal political committee.	С			192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES & 0			
	Receipt For:	l	Year-to-Date ▼	-	
	Primary General	7.99.094.0			
	Other (specify) ▼		769.24		
В.	Full Name (Last, First, Middle Initial) DR GLEN STETTIN			Date of Receipt	
	Mailing Address 8 MILL GLEN CT			0 2 0 4	2006
	City	State	Zip Code	Transaction ID: INC	:A:21181
	UPPER SADDLE RIVER	NJ	07458	Amount of Each Reco	eipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PLAN	I MGMT PRODUCTS		
	Receipt For:	Aggregate	Year-to-Date ▼	=	
	Primary General	1 1	400.00		
	Other (specify) ▼	0 0	400.00		
C.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER			Date of Receipt	
	Mailing Address 713 INDIAN CREEK RD			0 2 0 4	2006
	City	State	Zip Code	Transaction ID: INC	:A:21052
	AMHERST	VA	24521	Amount of Each Reco	
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STA	TE GOVERNMENT AFFAIRS	<del>-</del>	
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		1 1	300.00		
Other (specify) ▼			300.00		
					367.31
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		307.31
	OTAL This Period (last page this line number on				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 49 (check only one)	_
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12	
			Detailed Summary Page	13 14 15 16 11	7
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a.k.a	Medco Health PAC)	
A.				Date of Receipt	
	Mailing Address 450 BEECHMONT DR			02 04 2006	
	City	State	Zip Code	Transaction ID: INC:A:21101	
	NEW ROCHELLE	NY	10804	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		192.31	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP REC	n GULATORY & MC PROGRA	MS	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		769.24		
	Other (specify)	0 0	0 0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE			Date of Receipt	_
	Mailing Address 5445 GOODWIN AVENU	JE		0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: INC:A:21206	
	DALLAS	TX	75206	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		192.31	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALE			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		769.24		
	Other (specify)				
<u> </u>	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH			Date of Receipt	_
	Mailing Address 309 WATERVIEW DR			0 2 0 4 2 0 0 6	
	City	State	Zip Code	Transaction ID: INC:A:20966	
	FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.			192.31	
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP	PRES NATL ACCTS		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		769.24		
	Other (specify)		700.24		
Г					_
s	UBTOTAL of Receipts This Page (optional)			576.93	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 20 / 49	
ITEMIZED RECEIPTS			or each category of the	(check only one)	<b>-</b>
••			Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
۸۰	y information copied from such Reports and Stat	emonto mov	, not be cold or used by any parce		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a.k.a.	Medco Health PAC)	
_	Full Name (Last, First, Middle Initial)				
A.	MR KENNETH WERMES			Date of Receipt	
	Mailing Address 26037 N WRANGLER R	D		02 04	2006
	City	State	Zip Code	Transaction ID: IN	
	SCOTTSDALE	AZ	85255	Amount of Each Re	
	FEC ID number of contributing		1 1 1 1 1 1	7 tillodint of Edolf file	· · · · · ·
	federal political committee.	C			75.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	300.00		
	Other (specify) ▼		300.00		
_	5 HAL (4 ) 5 1 A 1 H   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
В.	Full Name (Last, First, Middle Initial) MS ANDREA ZICCARELLI			Date of Receipt	
	Mailing Address 48379 HILLTOP DR E			M M / D D	/ <b>Y Y Y Y</b>
				02 04 2006	
	City	State	Zip Code	Transaction ID: IN	C:A:20958
	<u>PLYMOUTH</u>	MI	48170	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	·				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation			
	Receipt For:		ACCT EXEC Year-to-Date ▼	_	
	Primary General	Aggregate	Total to Date 🔻		
	Other (specify) ▼	1	300.00		
C.	Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN			Date of Receipt	
	Mailing Address 908 EDGEMEER LANE			M M / D D	
	011		7. 0 .	02 11	2006
	City	State	Zip Code	Transaction ID: IN	
	SOUTHLAKE	TX	76092	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			34.45
Name of Employer		Occupation	<u> </u>	4	
	Name of Employer MEDCO HEALTH SOLUTIONS	VP/GM	ı		
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		-	275.60		
	Other (specify) ▼				
٩	UBTOTAL of Receipts This Page (optional)				184.45
$\vdash$	DE TIME OF HOSSIPES THIS LAGO (Optional)		<u> </u>		
T	OTAL This Period (last page this line number on	ly)	<b>)</b>		

COUEDING A (FEC Form OV)		]		FOR LINE NUMBER: PAGE 21 / 49
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PC	DLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MR JOSEPH FRENDO			Date of Receipt
	Mailing Address 9 GREEN HILL TRAIL			02 11 2006
	City	State	Zip Code	Transaction ID: INC:A:21446
	TROPHY CLUB	TX	76262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	100.00	1
	Other (specify)		400.00	
В.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE			Date of Receipt
	Mailing Address 452 MEDWAY RD			M M / D D / Y Y Y Y
				02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21589
	HIGHLAND HEIGHTS	OH	44143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1.55.15		1
	Other (specify)		1000.00	
				,
<u> </u>	Full Name (Last, First, Middle Initial) MR PETER BEGANS			Date of Receipt
	Mailing Address 1605 CHARNITA CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:21416
	VIENNA	VA	22182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LL IOL	100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVE	ERNMENT AFFAIRS	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	33. 234.0		1
	Other (specify)		400.00	
	(Sp3::// <b>V</b>	-		1
				400.00
S	UBTOTAL of Receipts This Page (optional)		·····	700.00

COLLEDING A (FEO Forms OV)		1		FOR LINE NUMBER: PAGE 22 / 49
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	
••			Detailed Summary Page	
				13     14     15     16     17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PO	OLITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) BRYAN BIRCH			Date of Receipt
	Mailing Address 4 WINDRUSH LANE			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21563
	WESTPORT	CT	06880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP	n PRES SYSTEMED	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		700,00	1
	Other (specify)		768.00	
				•
В.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN			Date of Receipt
	Mailing Address 5259 FISHERCREST LI	V		M M / D D / Y Y Y Y
		02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21514
	RICHMOND	VA	23231	Amount of Each Receipt this Period
	FEC ID number of contributing			000.00
	federal political committee.	C		200.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP FORM	n MULARY CONSULTING	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General	00 0		1
	Other (specify) ▼		800.00	
<u> </u>	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI			Date of Receipt
	Mailing Address 24 SHERI DRIVE			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21478
	ALLENDALE	NJ	07401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.50
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA	L MGR GROUP	
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 233.0		1
	Other (specify)		210.00	
			0 0 0 0 0 0 0	
_	UDTOTAL (D. 11. TU D. 11. T			444.50
Ls	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 49		
	•	Use separate schedule(s)		(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a  11b  11c  12		
			Detailed Suffillary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	MEDCO HEALTH SOLUTIONS INC. P	OLITICAL A	ACTION COMMITTEE (a.k.a	a. Medco Health PAC)		
Α.	Full Name (Last, First, Middle Initial) MS MARY DASCHNER			Date of Receipt		
	Mailing Address 2926 EWING AVE S			02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21359		
	MINNEAPOLIS	MN	55416	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		192.30		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		769,20	7		
	Other (specify)		703.20	_		
— В.	Full Name (Last, First, Middle Initial) MR PAUL DENIS			Date of Receipt		
	Mailing Address 101 HALIFAX ROAD			M M / D D / Y Y Y Y		
				02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21494		
	MAHWAH	NJ	07430	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CON	TRACT ADMINISTRATOR			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼	0 0	400.00			
<u> </u>	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE			Date of Receipt		
	Mailing Address 8 FRANKLIN PL			M M / D D / Y Y Y Y		
	Cit.	Ctata	7in Oada	02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21571		
	SUMMIT	NJ	07901	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		192.30		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INFO	TECHNOLOGY			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		769.20	7		
	Other (specify)	0 0	709.20	1		
				484.60		
S	UBTOTAL of Receipts This Page (optional)		······	+04.00		
1						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 49 (check only one)
ITEMIZED RECEIPTS			or each category of the	
• • •	TI EIMIZED TIEGEIT TO		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.				Date of Receipt
	Mailing Address 908 EDGEMEER LANE			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21539
	SOUTHLAKE	TX	76092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.45
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		275.60	
				1
В.	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN			Date of Receipt
	Mailing Address 75 TWEED BLVD			M M / D D / Y Y Y Y
				02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21262
	UPPER GRANDVIEW	NY	10960	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		120.00
	Name of Employer	Occupation	 n	$\dashv$
	Name of Employer MEDCO HEALTH SOLUTIONS		DICAL AFFAIRS & CMO	
	Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0	7 Tour to Bate V	1
	Other (specify) ▼		480.00	
		0 0	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			B. (B. )
C.	MR THOMAS FEITEL			Date of Receipt
	Mailing Address 58 APPLE HILL DR			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21396
	GILLETTE	NJ	07933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.23
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP COI	n RP MKTG & E-COMM	
			e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		768.92	
			0 0 0 0 0 0	4
1.				346.68
Ls	UBTOTAL of Receipts This Page (optional)		······	0-10.00

SCHEDULE A (FEO	•	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from sor for commercial purposes, of	such Reports and Statements may other than using the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE MEDCO HEALTH SO		ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Full Name (Last, First, Mic MR JOSEPH FRENDO Mailing Address 9 GRE City TROPHY CLUB  FEC ID number of contribing federal political committee Name of Employer MEDCO HEALTH SOLUTE Receipt For:  Primary George Other (specify) Tell Name (Last, First, Mic MS PAMELA GALASSINI Mailing Address 333 N City CHICAGO  FEC ID number of contribing federal political committee	MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.I. ull Name (Last, First, Middle Initial) IR JOSEPH FRENDO  Iailing Address 9 GREEN HILL TRAIL  ity State Zip Code TX 76262  EC ID number of contributing ederal political committee.  ame of Employer IEDCO HEALTH SOLUTIONS  ecceipt For: Primary General Other (specify) ▼  Ull Name (Last, First, Middle Initial) IS PAMELA GALASSINI  Iailing Address 333 N. CANAL ST. #1804  ity State Zip Code IL 60606  EC ID number of contributing		Date of Receipt    M
Name of Employer MEDCO HEALTH SOLUTE  Receipt For:  Primary  Other (specify) ▼	, I GENERA		
City WESTPORT  FEC ID number of contrib federal political committee  Name of Employer MEDCO HEALTH SOLUTER SOL	State CT  Uting  Occupatior SVP/CHI	Zip Code 06880  n EF INFRASTRUCTURE OF Year-to-Date ▼ 500.00	Date of Receipt    M M
SUBTOTAL of Receipts Thi	s Page (optional)		275.00
TOTAL This Period (last page	ne this line number only)		

SCHEDULE A (FEC Form 3X)		Lie a consusta collectivica		FOR LINE NUMBER: PAGE 26 / 49		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)		
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		arrie ariu auc	liess of any political committee to	Solicit Contributions from Such Committee.		
	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC	NITICAL A	ACTION COMMITTEE (a.k.a.	Madaa Haalth BAC\		
	MEDGO HEALTH SOLUTIONS INC. PC	LITICAL P	ACTION COMMITTEE (a.K.a.	. Wedco Health FAC)		
	Full Name (Last, First, Middle Initial)					
A.	MR THOMAS GILSON			Date of Receipt		
	Mailing Address 2 PELL FARM ROAD			0 2 1 8 2 0 0 6		
	City	State	Zip Code			
	SADDLE RIVER	NJ	21p Code 07458	Transaction ID: INC:A:21545		
	•	INU	07436	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		192.31		
	Name of Employer	Occupation	<u> </u>	4		
	Name of Employer MEDCO HEALTH SOLUTIONS	GENERA				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	00 0		1		
	Other (specify) ▼		769.24			
В.	Full Name (Last, First, Middle Initial) MR RICHARD GUIOR			Date of Receipt		
٥.	Mailing Address 50 BELLEVUE AVE			M M / D D / Y Y Y Y		
				02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21273		
	SUMMIT	NJ	07901	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		90.00		
	federal political committee.	<u> </u>		30.00		
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	1	7		
	MEDCO HEALTH SOLUTIONS	VP ACCT	MGMT			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	360.00			
	Other (specify)	0 0	300.00			
	Full Name (Last, First, Middle Initial)					
C.	MR MARK HALLORAN			Date of Receipt		
	Mailing Address 19 KINGS RIDGE ROAL	)		M M / D D / Y Y Y Y		
	01.	01-1-	7'- 0-4-	02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21458		
	LONG VALLEY	NJ	07853	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	rederal political confinities.					
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation				
	Receipt For:	l	IFO OFFICER Year-to-Date ▼	-		
	Primary General	Aggregate	Tout to Date y			
	Other (specify)		320.00			
				' [		
	•					
s	JBTOTAL of Receipts This Page (optional)		<b>)</b>	362.31		
$\vdash$						

S	CHEDULE A (FEC Form 3X)		Lise separate schodulo(s)	FOR LINE NUMBER: PAGE 27 / 49
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC			
۹.	Full Name (Last, First, Middle Initial) MR PETER HARTY Mailing Address 19520 YELLOW WING City	COURT	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	COLORADO SPRINGS	CO	80908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP POLI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	
3.	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK			Date of Receipt
	Mailing Address 49 S HILLSIDE AVE	02 / 18 / 2006		
	City	State	Zip Code	Transaction ID: INC:A:21453
	ELMSFORD	NY	10523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer MEDCO HEALTH SOLUTIONS		RVENTION DELIVERY SYS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address 295 GLEN PLACE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:21562
	FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EVP CHI	n EF OPERATING OFFICER	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	
s	UBTOTAL of Receipts This Page (optional)		······	432.30
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 28 / 49
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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Δr	ny information copied from such Reports and Sta	toments may	y not be sold or used by any person		
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PC	DLITICAL A	ACTION COMMITTEE (a.k.a.	Medco Health PAC)	
۹.	Full Name (Last, First, Middle Initial) MR JON KLINE			Date of Receipt	
	Mailing Address 36 CORTLAND TL			0 2 / 1 8	2006
	City	State	Zip Code	Transaction ID: IN	C:A:21559
	MAHWAH	NJ	07430	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			50.54
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	n PLANNING		
	Receipt For:		Year-to-Date ▼	1	
	Primary General				
	Other (specify)		202.16		
3.	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER			Date of Receipt	
	Mailing Address 7017 COBALT WAY			02 / 18	2006
	City	State	Zip Code	Transaction ID: IN	C:A:21412
	CITRUS HEIGHTS	CA	95621	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STA	n TE GOVERNMENT AFFAIRS	3	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		400.00		
	Other (specify)	0 0			
Э.	Full Name (Last, First, Middle Initial) MR TODD MARTIN			Date of Receipt	
	Mailing Address 11825 SHEPPARDS CR	OSSING		02 18	2006
	City	State	Zip Code	Transaction ID: IN	C:A:21343
	CLARKSVILLE	MD	21029	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		769.20		
	Other (specify) ▼	0 0			
s	UBTOTAL of Receipts This Page (optional)				342.84
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	OTAL This Period (last page this line number or	пу)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)  ITEMIZED RECEIPTS  Use separate schedule(s) or each category of the Detailed Summary Page  Use separate schedule(s) or each category of the Detailed Summary Page  Item Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 11a 11b 11c 12  15 16  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)  A. MR JEFFREY MAY  Date of Receipt	17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)	17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)	
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)	
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)  Full Name (Last, First, Middle Initial)	
A. WIN JEFFRE I WAT	
Mailing Address 137 WASHINGTON AVE	-
02 18 2006	
City State Zip Code Transaction ID: INC:A:21501	_
HILLSDALE NJ 07642 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee	
federal political committee.	
Name of Employer MEDCO HEALTH SOLUTIONS  Occupation  NEDCO HEALTH SOLUTIONS  OCCUPATION  O	
MEDCO HEALTH SOLUTIONS VP DRUG DISTRIB & CONTROL	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 769.20	
Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
B. MS COLLEEN MCINTOSH  Date of Receipt	
Mailing Address 87 ROSELAWN RD	7
02 18 2006	_
City State Zip Code Transaction ID: INC:A:21411	
HIGHLAND MILLS NY 10930 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	
Todordi political committee.	
Name of Employer Occupation MEDCO HEALTH SOLUTIONS	
COUNSEL	
Receipt For:  Primary  General  Aggregate Year-to-Date ▼	
Other (specify)	
Full Name (Last, First, Middle Initial)	
C. MR STEVEN MCNAMARA  Date of Receipt	
Mailing Address 112 GREEN TERRACE WAY 02 18 2006	
City State Zip Code Transaction ID: INC:A:21534	_
WEST MILFORD NJ 07480 Amount of Each Receipt this Period	
FEC ID number of contributing	
federal political committee.	
Name of Employer Occupation	
Name of Employer MEDCO HEALTH SOLUTIONS  Occupation SVP BUSINESS OPS	
Receipt For: Aggregate Year-to-Date ▼	
1991-9411 1 = 4111 1	
Primary General 760.04	
Primary General 760.04	
Primary General Other (specify) T 769.24	_
Primary General Other (specify) ▼ 769.24	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 49 (check only one)  X 11a 11b 11c 12
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POI	LITICAL A	ACTION COMMITTEE (a.k.a	Medco Health PAC)
۹.	Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN Mailing Address 28 POWDERHORN DR			Date of Receipt
				02 18 2006
	City KINNELON	State NJ	Zip Code 07405	Transaction ID: INC:A:21502  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	192.00
	Name of Employer MEDCO HEALTH SOLUTIONS		RMACEUTICAL CONTRAC	TNG
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 768.00	
3.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE			Date of Receipt
	Mailing Address 875 ALEXANDRIA CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:21399
	RAMSEY FEC ID number of contributing	NJ C	07446	Amount of Each Receipt this Period
	federal political committee.			102.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR	1	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	
).	Full Name (Last, First, Middle Initial) MR MARK PROULX			Date of Receipt
	Mailing Address 20 BRANDY RIDGE ROA	<b>ND</b>		0 2 1 8 2 0 0 6
	City SPARTA	State NJ	Zip Code 07871	Transaction ID: INC:A:21551  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07071	100.00
	Name of Employer MEDCO HEALTH SOLUTIONS		RMACY & CUST SVC OPS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			484.30
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 1	PAGE 31 / 49  1c
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting	contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POL	LITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)	
Α.	MEDCO HE'ALTH SOLLITIONS		ANCE & CHIEF FIN OFFCR Year-to-Date ▼	Date of Receipt    M	
	Other (specify)   Full Name (Last, First, Middle Initial)  MR JOSEPH REYNOLDS	0 0	261.52	Date of Receipt	
<b>J</b> .	Mailing Address 412 RIVER MEWS LANE  City EDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer		Zip Code 07020 n R TECHNOLOGY e Year-to-Date ▼	Transaction ID: INC:A  Amount of Each Receip	
<b>D.</b>	MEDCO HEALTH SOLUTIONS		Zip Code 07430 n ONTROLLER e Year-to-Date ▼	Date of Receipt  O 2  Transaction ID: INC:  Amount of Each Receipt  O 2  Transaction ID: INC:	
s	UBTOTAL of Receipts This Page (optional)		······		220.38
т	OTAL This Period (last page this line number only	<i>y</i> )	<b>)</b>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 49 (check only one)	
			X   11a   11b   11c   12   17   18   17   18   17   18   17   18   17   18   18	
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full)			
	MEDCO HEALTH SOLUTIONS INC. PC	LITICAL A	ACTION COMMITTEE (a.k.a	Medco Health PAC)
A.	Full Name (Last, First, Middle Initial) MS MARY RYAN			Date of Receipt
	Mailing Address 456 RICHMOND AVENUE			02 / 18 / 2006
	City	State	Zip Code	Transaction ID: INC:A:21481
	MAPLEWOOD	NJ	07040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.34
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP COR	n P REGULATORY AFFAIRS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		313.36	
— В.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY			Date of Receipt
	Mailing Address 119 HAMILTON RD	0 2 1 8 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC:A:21321
	RIDGEWOOD	NJ	07450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERA		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) JEFFREY SIMEK			Date of Receipt
	Mailing Address 197 OXFORD RD			0 2 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: INC:A:21394
	CHESTER	NY	10918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PUBL	n LIC AFFAIRS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		769.24	
				320.65
$\Box$	UBTOTAL of Receipts This Page (optional)		······	

9	CHEDIII E A (EEC Form 3V)			FOR LINE NUMBER: PAGE 33 / 49
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Suffiffially Fage	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. P	OLITICAL A	ACTION COMMITTEE (a.k.a	a. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MR ROBERT SMITH			Date of Receipt
	Mailing Address 40 JOSHUA DR T			02 / 18 / 2006
	City	State	Zip Code	Transaction ID: INC:A:21506
	RAMSEY	NJ	07446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	7
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial)			
В.	MR DAVID SNOW, JR	Date of Receipt		
	Mailing Address 23 CEDAR GATE ROA	02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21560
	DARIEN	CT	06820	Amount of Each Receipt this Period
			00020	
	FEC ID number of contributing federal political committee.	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation		
		PRES &		_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	' '	769.24	
	Curici (Speelity)			1
<u> </u>	Full Name (Last, First, Middle Initial) DR GLEN STETTIN			Date of Receipt
	Mailing Address 8 MILL GLEN CT			M M / D D / Y Y Y Y
				02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21547
	UPPER SADDLE RIVER	NJ	07458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PLAN	n I MGMT PRODUCTS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	400.00	7
	Other (specify)		400.00	J
_				
				040.04
s	UBTOTAL of Receipts This Page (optional)			342.31
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	by information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	on the sold or used by any persides of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PC	LITICAL A	ACTION COMMITTEE (a.k.	a. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER  Mailing Address 713 INDIAN CREEK RD			Date of Receipt
		02 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:21420
	AMHERST  FEC ID number of contributing federal political committee.	C	24521	Amount of Each Receipt this Period  75.00
	Name of Employer MEDCO HEALTH SOLUTIONS		TE GOVERNMENT AFFAIR	as .
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN			Date of Receipt
	Mailing Address 450 BEECHMONT DR			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21468
	NEW ROCHELLE  FEC ID number of contributing federal political committee.	C	10804	Amount of Each Receipt this Period  192.31
	Name of Employer MEDCO HEALTH SOLUTIONS		GULATORY & MC PROGRA	AMS
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 769.24	
<u> </u>	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE			Date of Receipt
	Mailing Address 5445 GOODWIN AVENU	JE		02 18 2006
	City DALLAS	State TX	Zip Code 75206	Transaction ID: INC:A:21575  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALE		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 769.24	
s	UBTOTAL of Receipts This Page (optional)		l	459.62

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 49	
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)
				X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PC	LITICAL A	ACTION COMMITTEE (a.k.a	. Medco Health PAC)
Α.	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH			Date of Receipt
	Mailing Address 309 WATERVIEW DR			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21333
	FRANKLIN LAKES	NJ	07417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP	n PRES NATL ACCTS	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.04	1
	Other (specify)		769.24	
В.	Full Name (Last, First, Middle Initial) MR KENNETH WERMES			Date of Receipt
	Mailing Address 26037 N WRANGLER R	0 2 1 8 2 0 0 6		
	City	State	Zip Code	Transaction ID: INC:A:21397
	SCOTTSDALE	ΑZ	85255	Amount of Each Receipt this Period
		7 12	30230	Amount of Each receipt this rende
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	n	
		VP/GM		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial)			
C.	MS ANDREA ZICCARELLI			Date of Receipt
	Mailing Address 48379 HILLTOP DR E			02 18 2006
	City	State	Zip Code	Transaction ID: INC:A:21325
	PLYMOUTH	MI	48170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL	n LACCT EXEC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		300.00	
				1
	L			
_	UDTOTAL -( Dec 1 to Till Dec 1	342.31		
Ls	UBTOTAL of Receipts This Page (optional)		······	
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 49
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI LIVIIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 12
A : ( : 10 10		13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any pers ne and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MEDCO HEALTH SOLUTIONS INC. PO	ITICAL ACTION COMMITTEE (a.k.	a Medco Health PAC)
/ WEBOOTIENETTI GOLOTIONO INC. 1 G	inone nonon committee (a.n.	a. Wedo Health 1710)
Full Name (Last, First, Middle Initial)		
A. FRED S. BRINKLEY, JR.		Date of Receipt
Mailing Address 4557 GOLF VISTA DRIV	<u> </u>	0 2 2 1 2 0 0 6
Cit.	Charles 7:- Conde	
City	State Zip Code	Transaction ID: INC:A:21228
AUSTIN	TX 78730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	1300.00
rederal political committee.		
Name of Employer MEDCO HEALTH SOLUTIONS,	Occupation	
INC.	V.P. PROFESSIONAL AFFAIRS, C	ORPORATE R
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1300.00	7
Other (specify)	1300.00	<b></b>
Full Name (Last, First, Middle Initial) <b>B.</b> MR DAVID MACHLOWITZ		Date of Receipt
Mailing Address 816 NANCY WAY		M M / D D / Y Y Y Y
Maining / Not 1000 O TO TAX NOT VVAT		02 21 2006
City	State Zip Code	Transaction ID: INC:A:21230
WESTFIELD	NJ 07090	Amount of Each Receipt this Period
FEC ID number of contributing		5000.00
federal political committee.	C	5000.00
Name of Employer	Occupation	_
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR. VP, GENERAL COUNSEL & SI	=CRETARY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to Date V	
Other (specify) ▼	5000.00	
		_
Full Name (Last, First, Middle Initial)		
C. C. ROD PRESNELL RPH.		Date of Receipt
Mailing Address 8957 WINGED FOOT DR	IIVE	02 21 2006
City	State Zip Code	Transaction ID: INC:A:21229
TALLAHASSEE	FL 32312	Amount of Each Receipt this Period
	TE OESTE	Amount of Lacif Neceipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer MEDCO HEALTH SOLUTIONS,	Occupation	_
INC.	DIRECTOR, PHARMACY REG GRI	2
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	650.00	
Other (Specify)		<b>-</b>
SUBTOTAL of Receipts This Page (optional)		6950.00
Tobioine of receipts This raye (uptional)		<u> </u>
TOTAL This Period (last page this line number onl	()	<b>L</b>

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 37 / 49					
	· ·		Use separate schedule(s)	(check only one)	517.15					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12					
			Detailed Guillinary Fage	13 14	15   16   17					
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions					
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from s	such committee.					
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
$\rangle$	MEDCO HEALTH SOLUTIONS INC. PO	LITICAL A	ACTION COMMITTEE (a.k.a.	. Medco Health PAC)						
_			·							
	Full Name (Last, First, Middle Initial)									
۹.	MS GEORGIA EDDLEMAN			Date of Receipt						
	Mailing Address 908 EDGEMEER LANE			02 25	2006					
	011	01-1-	7'- 0-1-							
	City	State	Zip Code	Transaction ID: IN						
	SOUTHLAKE	TX	76092	Amount of Each Red	ceipt this Period					
	FEC ID number of contributing	С			34.45					
	federal political committee.									
	Name of Employer	Occupation	 1	$\dashv$						
	Name of Employer MEDCO HEALTH SOLUTIONS	VP/GM								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	7.99.094.0	Total to Date V	1						
	Other (specify) ▼		275.60							
			0 0 0 0 0 0 0	1						
	Full Name (Last, First, Middle Initial)									
3.	MR JOSEPH FRENDO			Date of Receipt						
	Mailing Address 9 GREEN HILL TRAIL			M M / D D	/ <b>Y                                   </b>					
				02 25	2006					
	City	State	Zip Code	Transaction ID: IN	C:A:21816					
	TROPHY CLUB	TX	76262	Amount of Each Red	ceipt this Period					
	FEC ID number of contributing				50.00					
	federal political committee.	C			50.00					
	N (5 )	0 "		_						
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation	1							
		VP/GM	Variation Date -							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.						
	Other (specify)	' '	400.00							
	Other (specify)	1 1								
	Full Name (Last, First, Middle Initial)									
Э.	MICHAEL GOLDSTEIN			Date of Receipt						
	Mailing Address 3 E. 84TH STREET			M M / D D	/ <b>Y</b>					
	J J L. OTHI OHILLI			02 28	2006					
	City	State	Zip Code	Transaction ID: IN	C:A:21594					
	NEW YORK	NY	10028	Amount of Each Red						
	FEC ID number of contributing									
	federal political committee.	C			2000.00					
	·									
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation								
			MEMBER							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		2000.00							
	Other (specify)		2000.00							
					2084.45					
S	UBTOTAL of Receipts This Page (optional)		······		ZU04.43					
				20535.72						
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		20000.12					

SCILDOLL B (I LCI GIIII 3X)	Use seperate schedule(s)	(check o	IE NUMBEI nlv one)	⊀:	L PA	AGE 38/4	19			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name							S			
NAME OF COMMITTEE (In Full)	o and address of any political co	minitiee (O	SONOR CONTIN	00110115 110	JIII SUUII (	Johnnillee				
MEDCO HEALTH SOLUTIONS INC. POL	ITICAL ACTION COMMITT	EE (a.k.a.	Medco H	ealth PA	(C)					
Full Name (Last, First, Middle Initial)  A. HEATHER WILSON FOR CONGRESS				action ID: f Disburse		20886				
Mailing Address P.O. BOX 14070			02 1 0 6 7 2 0 0 6							
City ALBUQUERQUE	State Zip Code NM 87191		Amour	nt of Each	Disburse	ment this F				
Purpose of Disbursement	Г	044				1000.0	00			
Candidate Name HEATHER A. WILSON		011 Category/ Type								
The state of the s	ement For: 2006 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)			Transa	action ID:	FXP·B·:	20887				
3. MARSHA BLACKBURN FOR CONGRESS	S, INC.			f Disburse						
Mailing Address PO BOX 682185		02 06 7 2006								
City FRANKLIN	State Zip Code TN 37068		Amour	ment this F						
Purpose of Disbursement	I	011				1000.0	00			
Candidate Name MARSHA BLACKBURN										
9 1	ement For: 2006 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)  DEMOCRATIC SENATORIAL CAMPAIGN				action ID:		21224				
	TOOMINITTEE		M	_	5 / Y	, , , , , , , , , , , , , , , , , , ,	Υ			
Mailing Address 120 MARYLAND AVENU			0 2			ŽOĎE				
City WASHINGTON	State Zip Code DC 20002		Amour	nt of Each	Disburse	ment this F	Period			
Purpose of Disbursement		011	T L.			5000.0	00			
Candidate Name GENERAL PURPOSE COMMITTEE		Category/ Type								
Office Sought:  Senate  President  State:  Disburs  Senate  President	ement For: Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)						7000.0	00			
TOTAL This Period (last page this line number only										

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check		iumbek ine)		L P/	AGE 3	19 / 49			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	b Ľ		X 23 28b	24 28c	$\vdash$	25 29	26 30b		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name											
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	יייייינונונייל	U SUIIC	at COHITID	uu0115 11(	Jili SuCII	COMMINIC	ıcc			
MEDCO HEALTH SOLUTIONS INC. POL	TICAL ACTION COMMITT	EE (a.k.	a. Me	edco He	alth PA	(C)					
Full Name (Last, First, Middle Initial)						EXP:B:	:21225	5			
NELSON FOR US SENATE					Disburse / D		Y Y	Y . Y	′		
Mailing Address PO BOX 8666				02 15 7 2006							
City OMAHA	State Zip Code NE 68108			Amount	of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement	Г		7				15	00.00	)		
Candidate Name		011 Category/	4								
BENJAMIN NELSON		Type									
	ement For: 2006 Primary General										
X Senate X President	Other (specify)										
State: NE District:											
Full Name (Last, First, Middle Initial)  BLUE DOG PAC					ction ID: Disburse	EXP:B:	:21227	,			
	DIVE OUTE 222			0 2 M	/ D	D /	γγγ	0 6 °	′		
Mailing Address 6849 OLD DOMINION D	RIVE, SUITE 222			0 4				0 0			
City MCLEAN	State Zip Code VA 22101			Amount	of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement	22101		$\exists$				50	00.00	)		
Candidate Name		011									
GENERAL PURPOSE COMMITTEE		Category/ Type									
	ement For:										
Senate President	Primary General Other (specify) ▼										
State: District:	• • • • •										
Full Name (Last, First, Middle Initial)  PHARMACEUTICAL CARE MANAGEMEN	IT ASSOCIATION PAC (PC	CMA)			ction ID: Disburse	EXP:B: ement	:21226	6			
Mailing Address 601 PENNSYLVANIA AV	/FNI IF NIW #740			0 2 M	/ D	7 /	Ý Ž 0	ŏ 6 °	′		
								Δ			
City WASHINGTON	State Zip Code DC 20004			Amount	of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement	Г	0.4.1	$\overline{1}$				50	00.00	)		
Candidate Name		011 Category/	4								
GENERAL PURPOSE COMMITTEE		Type									
Office Sought: House Disburse Senate	ement For:    Primary   General   Ge										
President	Other (specify)										
State: District:											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				1150	00.00	)		
TOTAL This Period (last page this line number only)			<u> </u>				-				
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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 40 / 49
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check online)	22 X 23 24 25 26
_			27	28a 28b 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	MEDCO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMMITT	EE (a.k.a. N	Medco Health PAC)
	Full Name (Last, First, Middle Initial)			Transaction ID: EXP:B:21231
۹.	KEEP OUR MAJORITY PAC (KOMPAC)			Date of Disbursement
				$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} A & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	Mailing Address P.O. BOX 20209			02 22 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	ALEXANDRIA	VA 22320		
	Purpose of Disbursement			5000.00
			011	
	Candidate Name GENERAL PURPOSE COMMITTEE		Category/	
			Туре	
		ment For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	23500.00

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only			PAGE 4	11 / 49
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a			25 26 29 30
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	and address of any political co	ininittee to so	icit continbut	10115 110111 51	ucii cominii	
MEDCO HEALTH SOLUTIONS INC. POLIT	TICAL ACTION COMMITT	EE (a.k.a. N	1edco Hea	Ith PAC)		
Full Name (Last, First, Middle Initial)  A. COMMITTEE FOR JON M. PETERSON				ion ID: EXI		)
Mailing Address 178 HILLSIDE DRIVE			0 2 M	0 8	y žo	0 0 6
,	tate Zip Code OH 43012		Amount o	f Each Disb		
Purpose of Disbursement					2	00.00
Candidate Name NON-FEDERAL CONTRIBUTION		011 Category/ Type				
	nent For: 2006 Primary General Other (specify)	,,				
Full Name (Last, First, Middle Initial)			Transact	ion ID: EX	P:B:20888	3
COMMITTEE FOR JON M. PETERSON			Date of D	isbursemen	t	
Mailing Address 178 HILLSIDE DRIVE			0 2	0 8	ž	006
,	tate Zip Code DH 43012		Amount o	f Each Disb		
Purpose of Disbursement		011			-2	00.00
Candidate Name NON-FEDERAL CONTRIBUTION	(	Category/ Type				
	nent For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)  JACOBSON FOR STATE SENATE				ion ID: EXI		I
Mailing Address 211 S. MAIN STREET, St	JITE 610		0 2	08	<sup>'</sup> <sup>Y</sup> <sup>Y</sup> 20	0 0 6
,	tate Zip Code DH 45402		Amount o	f Each Disb	-	
Purpose of Disbursement		0.1.1			3	00.00
Candidate Name NON-FEDERAL CANDIDATE		011 Category/ Type				
	nent For: 2008 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)		<u>}</u>			3(	00.00
TOTAL This Period (last page this line number only) .		•				

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	23 28b	24 28c	X 2		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	and address of any political co	Diffiffice	e 10 SOI	icit coriti	Dutions II	OIII SUCII	COMMINIC	iee	
MEDGO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMMITT	ГЕЕ (а	.k.a. M	ledco H	ealth P	AC)			
Full Name (Last, First, Middle Initial)  A. JACOBSON FOR STATE SENATE						: EXP:B	:20890		
					of Disburs	ement 0 8	Y Y	ŏ6	1
Mailing Address 211 S. MAIN STREET, S	UITE 610			0 2		0.8	20	0 6	
City DAYTON	State Zip Code OH 45402			Amou	nt of Each	n Disburs	ement th	nis Pei	riod
Purpose of Disbursement	ı		$\neg$				-30	00.00	
Candidate Name		011 Catego	n/						
NON-FEDERAL CANDIDATE		Type	y/						
	ment For: 2008 Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)  BOOK ELECTION COMMITTEE					action ID of Disburs	: EXP:B ement	:21235		
Mailing Address 32 STATE ROUTE 239				0 2	M / D	24	y žo	ŏ6	1
Walling Address 32 STATE ROUTE 239				<u> </u>					
City PORTSMOUTH	State Zip Code OH 45663			Amou	nt of Each	n Disburs	ement th	nis Pei	riod
Purpose of Disbursement	Γ		$\neg$				20	00.00	
Candidate Name	L	011 Catego	rv/						
NON-FEDERAL CANDIDATE		Туре	,						
· —	ment For: 2006 Primary General								
President	Other (specify) ▼								
State: District: Full Name (Last, First, Middle Initial)				T	4: ID	. EVD.D	.01004		
CITIZENS FOR AUSTRIA					of Disburs	: EXP:B sement	.21234		
Mailing Address 2735 OBETZ DRIVE				0 <sup>M</sup> 2	M / D	24	Ý Ž0	ŏ́6 <sup>°</sup>	
City BEAVERCREEK	State Zip Code OH 45434			Amou	nt of Each	n Disburs	ement th	nis Pei	riod
Purpose of Disbursement	10101		$\neg$				2	50.00	
Candidate Name		011	n/						
NON-FEDERAL CANDIDATE		Catego Type	y/						
	ment For: 2008 Primary General								
President	Other (specify)								
State: District:									
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				15	0.00	
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	_ F	PAGE 43 / 4	19
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	23 24 28b 286	25 X 29	26 30b
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NAME OF COMMITTEE (In Full)	and address of any political co	orininitiee to soi	icit continbuti	Ons Hom suci	Committee	
MEDCO HEALTH SOLUTIONS INC. POLI	FICAL ACTION COMMITT	EE (a.k.a. N	1edco Heal	th PAC)		
Full Name (Last, First, Middle Initial)  A. CITIZENS FOR COMBS				on ID: EXP:E	3:21238	
Mailing Address 5331 S. GILMORE ROAL	)		0 2 M	24	Ý Ž 0 Ŏ 6	Y
City	State Zip Code		Amount of	Each Disburs	sament this F	Period
	OH 45014		Amount of	Lacii Disbuis		-
Purpose of Disbursement	lΓ	011			200.0	00
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type				
	nent For: 2006 Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Transacti	on ID: EXP:E	3:21242	
3. CITIZENS FOR GARDNER COMMITTEE			Date of Di	sbursement	V * V * V *	V
Mailing Address 431 NORTH PROSPECT	STREET		0 2	24	ž 0 Ď 6	
,	State Zip Code OH 43402		Amount of	Each Disburs		-
Purpose of Disbursement	Г	011			250.0	00
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type				
· —	ment For: 2008 Primary General Other (specify)					
Full Name (Last, First, Middle Initial)  CITIZENS FOR SCHURING COMMITTEE				on ID: EXP:E	3:21249	
Mailing Address 330 THIRD STREET NW			02	24	y žoó6	Y
,	State Zip Code OH 44702		Amount of	Each Disburs	sement this F	Period
Purpose of Disbursement	Г	011			200.0	00
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type				
Office Sought:  Senate  President  State:  Disburse  X  Disburse	ment For: 2006 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .		<b>•</b>			650.0	00
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		LINE NUMBER: PAGE 44/4								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 23 28a 28b	24 25 26 28c X 29 30b							
Any Information copied from such Reports and State or for commercial purposes, other than using the nan											
NAME OF COMMITTEE (In Full)  MEDCO HEALTH SOLUTIONS INC. POL											
Full Name (Last, First, Middle Initial)  A. CITIZENS FOR WHITE			Transaction ID: EXP:B:21252 Date of Disbursement  O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
Mailing Address 4744 BOKAY DRIVE											
City KETTERING	State Zip Code OH 45440		Amount of Each Disbursement this Period								
Purpose of Disbursement  Candidate Name		011 Category/		500.00							
NON-FEDERAL CANDIDATE	amont Fav. 2006	Type									
	ement For: 2006  Primary General  Other (specify)										
Full Name (Last, First, Middle Initial)  3. COMMITTEE TO ELECT DAVID GOODN	IAN		Transaction ID: Date of Disburse	: EXP:B:21243 ement							
Mailing Address 2736 BEXLEY PARK Re	DAD		02 / 2	24 2006							
City BEXLEY	State Zip Code OH 43209		Amount of Each	Disbursement this Period							
Purpose of Disbursement		011		200.00							
Candidate Name NON-FEDERAL CONTRIBUTION		Category/ Type									
Senate President	ement For: 2006 Primary General Other (specify)										
State: District: Full Name (Last, First, Middle Initial)			Transaction ID	: EXP:B:21245							
COMMITTEE TO ELECT EARL MARTIN			Date of Disburse	ement							
Mailing Address 32290 LAKE ROAD			0 2 2	24 7 2006							
City AVON LAKE	State Zip Code OH 44012		Amount of Each	Disbursement this Period							
Purpose of Disbursement		011		200.00							
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type									
	ement For: 2006 Primary General Other (specify)										
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SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check on	: NUMBER: lv one)		PAGE 45/	49				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	- □	24 25 28c X 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any political co	minitiee to s	JIICIL COITLI IDC	ILIONS HOIN SU		•				
MEDCO HEALTH SOLUTIONS INC. POLITIONS	FICAL ACTION COMMITT	EE (a.k.a.	Medco Hea	alth PAC)						
Full Name (Last, First, Middle Initial)  A. COMMITTEE TO ELECT ROSS MCGREG	OR		Date of I	tion ID: EXF						
Mailing Address 5523 OLD COLUMBUS F	ROAD		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
•	State Zip Code OH 45502		Amount	of Each Disb	ursement this					
Purpose of Disbursement		011			200	.00				
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type								
Office Sought:  Senate  President  State:  Disburse  X  Disburse	ment For: 2006 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)			Transac	tion ID: EXF	 ':B:21254					
FRIENDS OF BILL COLEY				Disbursement						
Mailing Address 5336 WINDBROOK TRA	L		02	24	y žo v	6 <sup>Y</sup>				
•	State Zip Code OH 45069		Amount	of Each Disb	ursement this					
Purpose of Disbursement	lΓ	011			200	.00				
Candidate Name NON-FEDERAL CANDIDATE										
Office Sought:    House   Disburse   X	ment For: 2006 Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) FRIENDS OF DRIEHAUS COMMITTEE				tion ID: EXP Disbursement						
Mailing Address 1018 BENZ AVENUE			02	24	žoŏ	6 <sup>Y</sup>				
	State Zip Code OH 45238		Amount	of Each Disb	ursement this					
Purpose of Disbursement		011	L		200	.00				
Candidate Name NON-FEDERAL CANDIDATE		011 Category/ Type								
Office Sought:  Senate  President  State:  Disburse  X  Disburse	nent For: 2006 Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional) .		<u></u>			600.	.00				
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ΙÈ	21b	22	_	23	24	П	25	П	26
	, ,		27	28		28b	28c	Х	29	$\blacksquare$	30b
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NAME OF COMMITTEE (In Full)	The and address of any political co	,,,,,,,		JOHOIT O	JIII. 10	2110110 111	0111 00011	0011111	iiiioo		_
MEDCO HEALTH SOLUTIONS INC. POL	ITICAL ACTION COMMITT	ΈE	(a.k.a.	Medc	o He	alth PA	(C)				
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	EXP:B	:2124	46		
FRIENDS OF LANCE T. MASON				Da	te of	Disburs		V * V	· V	V	
Mailing Address 1711 KENYON ROAD			″2 <sup>™</sup>	/ L <sup>3</sup> 2	24	<u>'</u> 2	0 Ó 6				
City SHAKER HEIGHTS	State Zip Code OH 44120						Disburse	emen	t this F	erioc	
Purpose of Disbursement			-	1 L					200.0	00	
			11								_
Candidate Name NON-FEDERAL CANDIDATE			gory/ pe								
° 🗎	sement For: 2006  C Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)							EXP:B	:212	40		
FRIENDS OF MATTHEW J. DOLAN						Disburs		v * v	* W *	V/	
Mailing Address 100 SEVENTH AVE. BO	OX 12				2 <sup>M</sup>	/ D2	24	ž	0 0 6	Y	
City CHARDON	State Zip Code OH 44024			Ar	nount	of Each	Disburse	emen	t this F	erioc	_
Purpose of Disbursement			-						200.0	00	
		Ò.									_
Candidate Name NON-FEDERAL CANDIDATE	Category/ Type										
Office Sought: House Disburs	sement For: 2006										
	Char (anasifa) —										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	EXP:B	:212	58		
FRIENDS OF SENATOR SPADA				Da		Disburs		.,,	* 1/ *		
Mailing Address 4401 ROCKSIDE ROAL	O, SUITE 406				2 <sup>M</sup>	/ D2	24	ž	0 Ď 6	Y	
City INDEPENDENCE	State Zip Code OH 44131			Ar	nount	of Each	Disburse	emen	t this F	erioc	
Purpose of Disbursement				+ $+$					500.0	00	
		Ò.	11								
Candidate Name NON-FEDERAL CANDIDATE			gory/ pe								
Office Sought: House Disburs	sement For: 2008		•								
	C Primary General										
President State: District:	Other (specify)										
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SUBTOTAL of Disbursements This Page (optional	)	<u></u>	. •						900.0	0	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										;
UI	NAME OF COMMITTEE (In Full)	and address of any pointer	u com	muee u	SOIIC	it Contin	bullons	IIOIII Suc	II COIIII	muee	
$\rangle$	MEDCO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMM	ITTE	E (a.k.	a. Me	edco H	ealth P	PAC)			
١.	Full Name (Last, First, Middle Initial) JACOBSON FOR STATE SENATE						action II f Disbur	D: EXP:	B:212	44	
	Mailing Address 211 S. MAIN STREET, S	UITE 610				0 0 6	Y				
	,	State Zip Code OH 45402				Amour	nt of Eac	ch Disbur	rsemer		-
	Purpose of Disbursement				1					250.0	0
	Candidate Name NON-FEDERAL CANDIDATE		Ca	011 tegory/ Type							
		ment For: 2008 Primary General Other (specify)	I	··							
	Full Name (Last, First, Middle Initial)					Transa	action II	D: EXP:	B:212	36	
3.	RE-ELECT JIM CARMICAEL FOR STATE	REPRESENTATIVE					f Disbur				
	Mailing Address 2594 TIMOTHY PLACE					0 2	/ D	24	ÝŽ	0 Ó 6	Y
	,	State Zip Code OH 44691				Amour	nt of Eac	ch Disbur	rsemer		
	Purpose of Disbursement			011	1			-		250.0	0
	Candidate Name NON-FEDERAL CANDIDATE		Category/ Type								
	· — — —	ment For: 2006 Primary General Other (specify)									
<b>)</b> .	Full Name (Last, First, Middle Initial) SHAWN WEBSTER RE-ELECTION COMM	ИІТТЕЕ					action II f Disbur	D: EXP:	B:212	51	
	Mailing Address 3316 WOODSIDE DRIVE	<u> </u>				0 2	/ D	24	Y 2	0 Ó 6	Y
	,	State Zip Code OH 45014				Amour	nt of Eac	ch Disbur	rsemer		-
	Purpose of Disbursement			) 1 1	1					200.0	0
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or for commercial purposes, other than using the name	e and address of any political co	mmittee to	SOIICIT COI	ıtributio	ns from s	such com	mittee	
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLI	TICAL ACTION COMMITT	EE (a.k.a	. Medco	Health	n PAC)			
Full Name (Last, First, Middle Initial)  A. SWINDELL FOR SENATE COMMITTEE			Dat	e of Dis	n ID: EX bursemer	nt		Y
Mailing Address PO BOX 788			O <sup>M</sup> :	2	2 4	2	ž 0 ŏ 6	
	State Zip Code NC 27856		Amo	ount of I	Each Disl	bursemer		
Purpose of Disbursement	Г	0.10					250.0	0
Candidate Name NON-FEDERAL CANDIDATE		012 Category/ Type						
	ment For: 2006 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Trai	nsactio	n ID: EX	P:B:212	239	
TEAM COUGHLIN					bursemer			_
Mailing Address 2324 IOTA AVENUE			0	2 M	<sup>D</sup> 2 4	/ Y 2	ž 0 ŏ 6	Y
,	State Zip Code OH 44223		Amo	ount of I	Each Disl	bursemer		-
Purpose of Disbursement	I	011					500.0	0
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type						
	ment For: 2006 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) THE COMMITTEE TO ELECT ARMBRUS	ΓER				n ID: EX bursemer		233	
Mailing Address 33030 WOODHAVE CIR	CLE		0 <sup>M</sup>	2 <sup>M</sup> /	<sup>D</sup> 2 4	/ Y 2	ž 0 ŏ 6	Y
,	State Zip Code OH 44039		Amo	ount of I	Each Disl	bursemer	nt this P	eriod
Purpose of Disbursement		011					200.0	0
Candidate Name NON-FEDERAL CANDIDATE		Category/ Type						
	ment For: 2006 Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)							950.0	0
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SCHEDULE B (FEC Form 3X)		' Use sepe	Use seperate schedule(s)			LINE NUMBER: PAGE 49 / 49 k only one)				
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		Detailed	Summary Page	I⊩	27	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
						n for the purpose of solicating contributions				
or 1	for commercial purposes, other than using	g the name and addres	ss of any political	commi	tee to s	solicit contributions from such committee				
Λ	NAME OF COMMITTEE (In Full)									
17	MEDCO HEALTH SOLUTIONS IN	C. POLITICAL AC	TION COMMIT	TTEE (	(a.k.a.	. Medco Health PAC)				
<u></u>	Full Name (Last First Middle Initial)									
A.	Full Name (Last, First, Middle Initial) THE COMMITTEE TO ELECT RA	V MILLED				Transaction ID: EXP:B:21248				
	THE COMMITTEE TO ELECT RA	Y WILLER				Date of Disbursement				
	Mailing Address 17 SOUTH HIGH SUITE 500	I STREET				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City COLUMBUS	State OH	Zip Code 43215			Amount of Each Disbursement this Period				
		OH	43213			200.00				
	Purpose of Disbursement			01	1					
	Candidate Name			Cate	gory/					
	NON-FEDERAL CANDIDATE			Тур	ре					
	Office Sought: House	Disbursement For:	2006							
	Senate	X Primary	General							
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	Full Name (Last, First, Middle Initial)									
В.	ZURZ CAMPAIGN COMMITTEE					Transaction ID: EXP:B:21253				
	ZONZ OAIVII AIGIN GOIVIIVIITTEE					Date of Disbursement				
	Mailing Address 3773 MUIRFIELI	D DRIVE				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code			Amount of Each Disbursement this Period				
	UNIONTOWN	ОН	44685							
	Purpose of Disbursement			01	1	750.00				
	Candidate Name			Cate						
	NON-FEDERAL CANDIDATE			Тур						
	Office Sought: House	Disbursement For:	2008							
	Senate	X Primary	General							
	President	Other (spe	cify) 🔻							
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